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ABSTRACT

Post-tornado support groups were organized by the Greene County, North Carolina disaster coordinators and the Pitt County outreach workers from the Community Mental Health Center sponsored tornado follow-up project. The most significant intervention used was the emphasis on creating a climate of group support by establishing a forum for participants to share experiences and feelings. Educational interventions included providing information on common reactions to traumatic events, weather and tornado safety, and available resources for material and financial assistance. Cognitive control and mastery of the event were promoted through use of thought stopping, a brief biofeedback demonstration, relaxation training, cognitive ecology (controlling catastrophic thinking, substituting coping statements), stress inventory and stress management techniques, and participants' sharing of fear reduction strategies. Separate activities were conducted for children. Activities to prepare for termination of the groups included gradually increasing time between meetings, discussion of termination, and meeting on the one-year anniversary of the tornado. Attendance patterns showed high attendance at the initial meeting followed by some fluctuation around a stable core of participants. On evaluation questionnaires members rated the groups highly. Facilitators believed personal well-being was enhanced for participants. Recommendations for future post-disaster groups include offering sessions in addition to the regular support group to provide behavioral interventions for fear reduction, sleep disturbances, and nightmares. (Author/NB)

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Community Post-Tornado Support Groups: Intervention and Evaluation

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Abstract

Although originally scheduled to run six to eight weeks, the Greene County post-tornado support group met regularly from June to March, and the three Pitt County groups from November to March. Achieving acceptance of the groups and willingness to participate was largely a result of the conveners of the groups, the Greene County disaster coordinators and the Pitt County outreach workers from the CMHC-sponsored tornado followup project.

The most significant intervention used was the emphasis on creating a climate of group support by establishing a forum for participants to share experiences and feelings, giving an opportunity for each to tell his story.

Educational interventions included providing information on common reactions to traumatic events, weather and tornado safety, and available resources for material and financial assistance. Cognitive control and mastery of the event was promoted through use of the following techniques: thought stopping, a brief biofeedback demonstration, relaxation training, cognitive ecology (controlling catastrophic thinking, substituting coping statements), stress inventory and stress management techniques, and participants' sharing of fear reduction strategies. Separate activities were conducted for children.

Activities to prepare for termination of the groups included gradually increasing time between meetings, discussion of termination, and meeting on the one-year anniversary of the tornado.

Attendance patterns showed high attendance at the initial meeting followed by some fluctuation around a stable core of participants. On

evaluation questionnaires members rated the groups highly. Facilitators believed personal well-being was enhanced for participants.

Recommendations for future post-disaster groups include offering sessions in addition to the regular support group to provide behavioral interventions for fear reduction, sleep disturbances and nightmares.

Community Post-Tornado Support Groups:

Intervention and Evaluation

The rationale for using crisis groups to provide services following disastrous events has been reviewed in the previous poster session, Community Post-Tornado Support Groups: Conceptual Issues and Personal Themes by Long and Richard. They also described the tornado disaster which led to the formation of community support groups in Eastern North Carolina and identified the clinical issues and themes expressed. Elaboration of other aspects of the groups will follow in this poster session. We will review the logistics in establishing the groups, therapeutic interventions used, attendance patterns, and evaluative comments by attendees and facilitators.

Format

The four groups established in adjoining counties were set up by two distinct agencies and processes.

Greene County. The Greene County group was convened five weeks post-tornado by the coordinators of the county's disaster committee. Personal contacts by committee members and a notice in the local paper publicized the initial meeting held at the community college. The meetings were originally planned to run for 4 - 5 weeks and were facilitated by mental health professionals from the adjoining county. The facilitators received some payment from the local health department; several months later the local CMHC channed funds from NIMH/FEMA.

Pitt County. While one community meeting was held about a month after the disaster, the Pitt County groups were started later, seven months post-tornado. Pitt Co. CMHC applied for NIMH/FEMA funding for development

of an outreach project to provide services to tornado victims. When the funds were received project staff were hired and trained, then began home visits to those who were hurt, lost family members, or had property damage. In these visits staff assessed victims' interest and needs for initiating support groups. Since about three-fourths of those interviewed showed interest, groups were established in three locations, with meetings held in a middle school library, a church education building, and a fire station. Facilitators were recruited from professionals in the area and a non-professional co-facilitator from the affected area was identified for each group based on the recommendations of outreach project staff. Orientation and periodic meetings were held for facilitators.

Group Activities and Interventions

The initial meeting of each group was begun by a brief presentation on common reactions to disaster. Handouts were distributed (copied from materials developed in Kansas City following the Hyatt Regency disaster) and the participants were encouraged to discuss whether their own reactions were similar to any listed by the facilitator. Group participants quickly began to join in through telling their stories or listening intently.

Following is a listing and brief description of additional group activities and interventions:

Emphasis on creating climate of support:

Forum provided for sharing experiences and feelings, opportunity to "tell one's story."

Fellowship atmosphere:

Refreshments were offered; meetings held in community rather than clinical setting; eventually most groups evolved to meeting in homes

of participants.

Educational interventions:

Information provided on weather, tornado safety, available resources for material and financial assistance, stages of grief, common reactions to disaster.

Bibliotherapy:

Books recommended on relaxation techniques, stress management, When Bad Things Happen to Good People, etc.; handouts on parents helping children, handling fear of storms, positive thoughts.

Cognitive control and mastery:

Instruction and practice in relaxation techniques, thought stopping, cognitive ecology (control catastrophic thinking, substitute coping statements), shared fear reduction strategies, biofeedback demonstration, stress inventories, coping inventories.

Problem solving:

Problem identification, setting priorities, brainstorming, identifying steps, roleplay (on limited basis).

Reporting successes:

Members often reported accomplishments since the previous meeting.

Separate activities for children:

Tornado coloring books, bibliotherapy (books with themes of children overcoming difficult situations, booklist distributed), tornado education and safety plans, role play, art projects, games, films, Adventures in Sound.

Phase down:

Decreased involvement of facilitators, group members took more

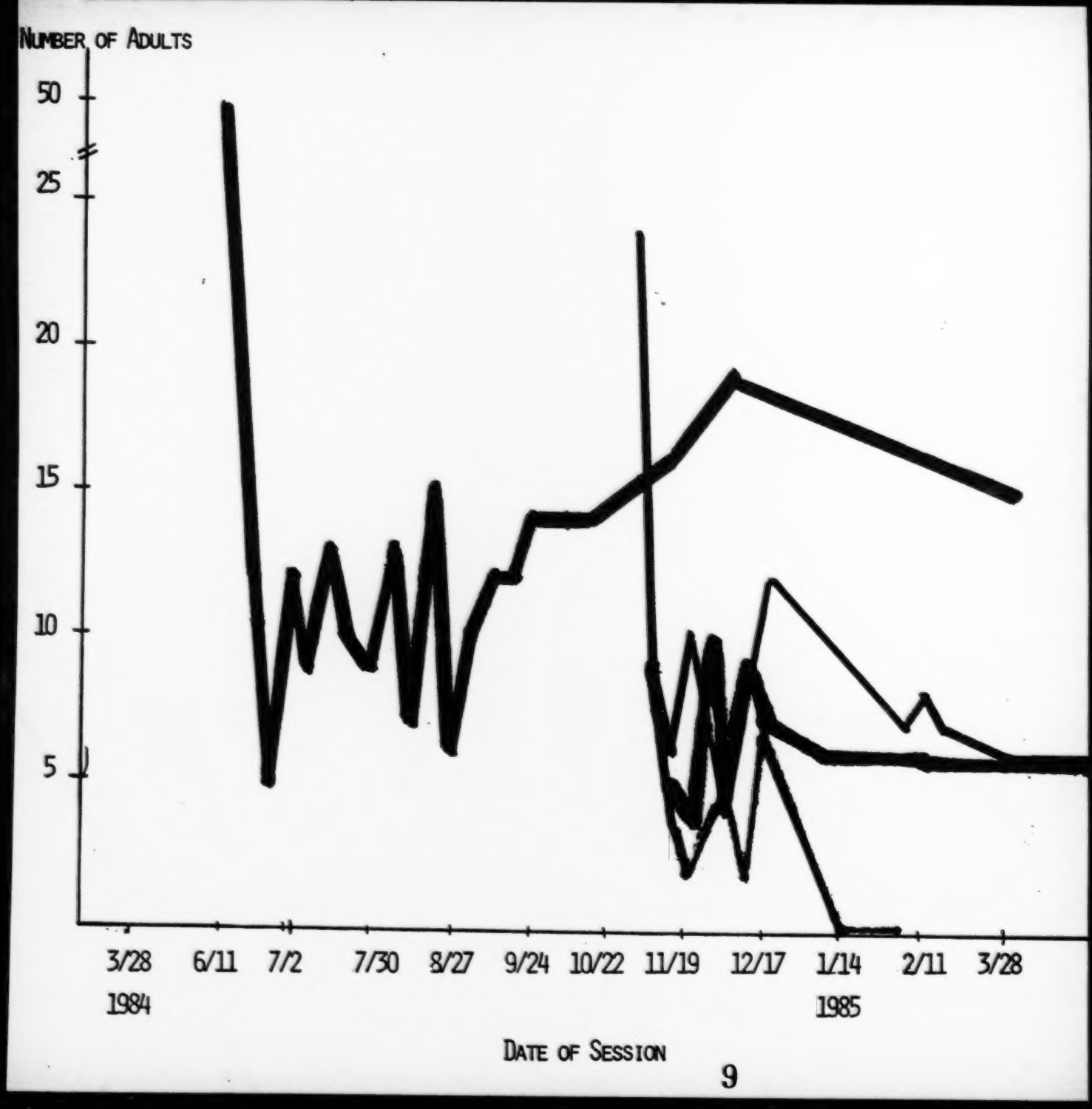
responsibility for calling and planning for meetings, increased time between sessions, discussed termination.

Anniversary meeting:

Held on one-year anniversary of tornado, distributed pamphlets, many groups watched special TV program which reviewed the tornado strike. One participant said the tornado was "like a cat that jumped on my back." He wanted to watch the video replay so he could see what had hit him.

Attendance Patterns

The attendance profiles for each group are shown in the attached figure. Although originally planned to last approximately six weeks, the group members extended the meetings, with the Greene Co. meetings running from June to March and the Pitt Co. groups from November to March. While attendance fluctuated, most groups had a faithful core of participants who continued to be involved throughout the series. The numbers of participants reported in the figure reflect only the adults and do not include facilitators and project staff. The number of attendees ranged from about 50 at one initial meeting in June to only two in another town in December. Initial meetings brought the highest attendance; for some people coming to one meeting satisfied their need to see their reactions and problems were not atypical. It is interesting to note that in the longer standing Greene Co. group new participants continued to join the group as late as November, December and March. As the groups continued, their focus shifted toward meeting more social and fellowship needs rather than narrow attention to the tornado, although the tornado continued to be the unifying theme.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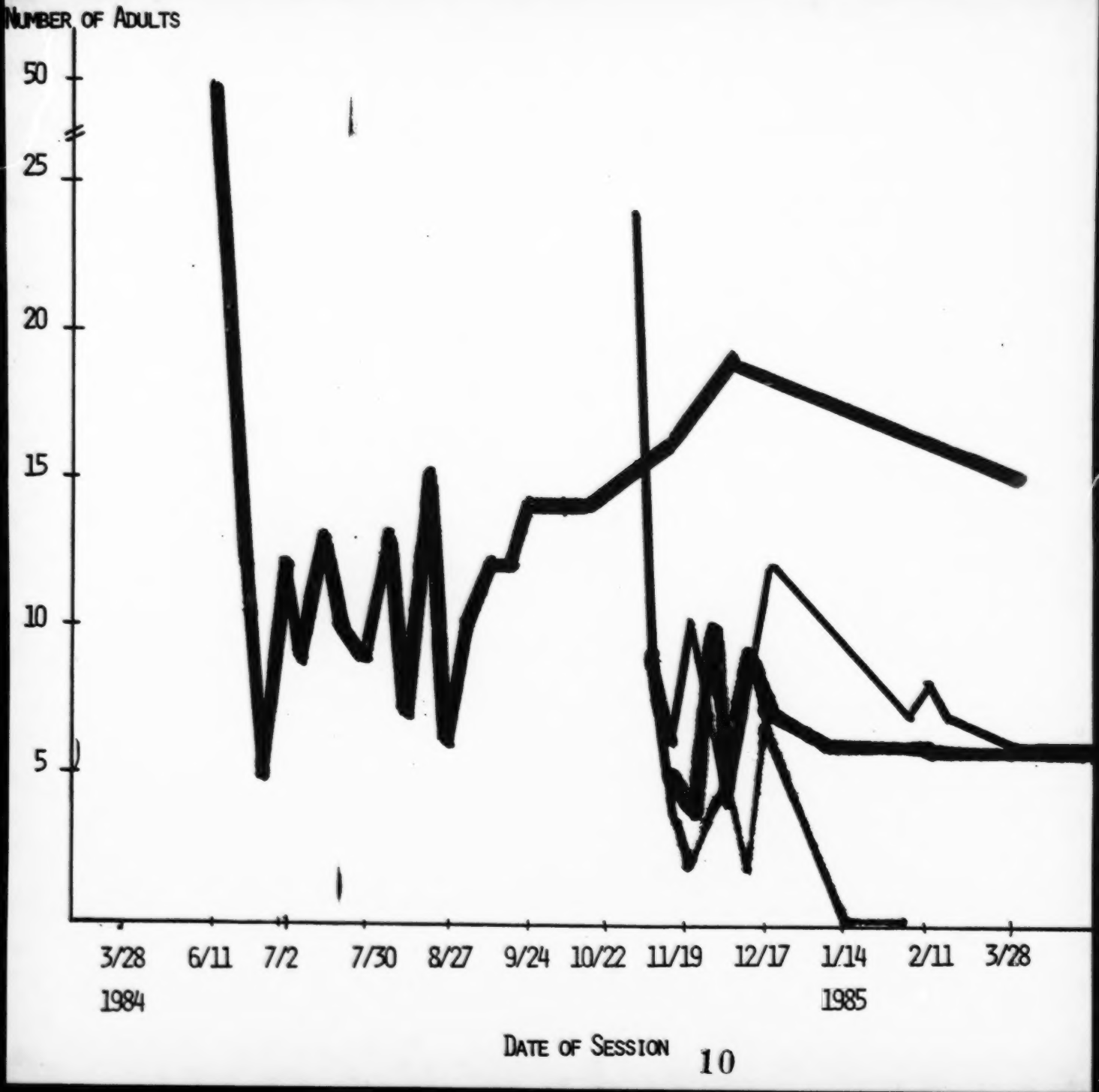
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Evaluative Comments

Participants' comments. On evaluation questionnairs group members rated the groups highly. When asked about what needs were net by the group one man stated that he believed the group saved his life! One woman said the group helped her husband "get out of his shell and depression and to be able to talk with people." Other participants noted financial help and help with repairs that was a result of information disseminated. Many mentioned the opportunity to share feelings and feel understood.

In response to a question about the specific way in which the group was most helpful, most mentioned the support and understanding they felt in the group. Several commented on the help they obtained in facing the reality of their situation and dealing with specific fears. One person noted the helpfulness of "seeing someone who was worse off than myself" (this from the person in the group most seriously injured and hospitalized for the longest time). "Giving me somewhere to go on Monday night" was appreciated.

On a five interval Likert rating of overall helpfulness of the group 13 Greene Co. participants rated it as very helpful, three as helpful, and one as neutral.

Regarding suggestions for improvement most respondents had none, but there were some recommendations that members could have reached out more (such as personal visitation) to get others to attend.

Several participants expressed regret at the ending of the sessions and desired that they continue on a limited basis.

Facilitators' comments. Facilitators reported their impressions that the groups served important needs of members, especially that of offering a comfortable, supportive atmosphere where people could express themselves and

gain understanding. Facilitators believed that personal well-being was enhanced for participants, and perhaps positive self-concepts were promoted. One facilitator noted that provision of a special group, and positive attention from people outside their immediate circle, especially for participants who were severely economically deprived, gave them a sense of belonging and importance.

Conclusions and Recommendations

The offering of community post-disaster support groups is strongly recommended as an important element in mental health professionals' responses following a disastrous event. We found in our four groups attendance fluctuated around a core of participants. Participants requested continuation of the groups several weeks (and even months) longer than originally anticipated. Even though three of the groups were initiated late following the disaster they still seemed to meet important needs and address issues yet unresolved.

In response to future planning of group interventions we recommend more prompt initiation of the groups (perhaps achieved by identifying local resources rather than relying on federal emergency funds) as was done in Kansas City following the Hyatt Regency disaster (Gist and Stolz, 1982). While these groups strongly achieved their purpose of creating a supportive niche for participants and seemed helpful in promoting use of effective coping and stress management, we feel that more could have been accomplished in reduction of specific tornado-related fears. For example, forming subgroups or offering sessions in addition to the regular support group to provide behavioral interventions for fear reduction and treating sleep disturbances and nightmares might be useful. Nightmare reduction strategies

could include techniques such as Graziano and Mooney's (1980) family self-control instruction for reducing children's nighttime fears, eliminating a recurrent nightmare by desensitizing a related phobia (Geer and Silverman, (1968), and implosive treatment as discussed by Haynes and Mooney (1975). Fear of storms and other tornado-specific fears might be amenable to use of group desensitization techniques such as those described by Suinn (1968). Additional relevant techniques might be more direct focus on group progressive-relaxation training and cognitive-behavioral group therapy (Turner, 1982) and self-administered systematic desensitization (Rosen, Glasgow, and Barrera, 1976).

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